

Milk Sanitation Honor Roll for 1964-66

This compilation is from the Milk and Food Branch, Division of Environmental Engineering and Food Protection, Public Health Service. The previous listing was published in Public Health Reports, April 1966, pp. 384-386. The rating method is described in PHS Publication No. 678 (Methods of Making Sanitation Ratings of Milksheds).

Twenty-six communities have been added to the Public Health Service milk sanitation "honor roll" and 39 communities on the previous list have been dropped. This revision covers the period from July 1, 1964, to June 30, 1966, and includes a total of 189 cities and 137 counties.

Communities on the honor roll have complied substantially with the various items of sanitation contained in the milk ordinance recommended by the U.S. Public Health Service. The State milk sanitation authorities concerned report this compliance to the Service. The rating of 90 percent or more, which is necessary for inclusion on the list, is computed from the weighted average of the percentages of compliance. Separate lists are compiled for communities in which all market milk sold is pasteurized, and for those in which both raw milk and pasteurized milk are sold.

The recommended milk ordinance, on which the milk sanitation ratings are based, is now in effect through voluntary adoption in 523 counties and 1,437 municipalities. The ordinance also serves as the basis for law or regulations of 39 States.

The ratings do not represent a complete measure of safety, but they

do indicate how closely a community's milk supply conforms with the standards for grade A milk as stated in the recommended ordinance. High-grade pasteurized milk is safer than high-grade raw milk because of the added protection of pasteurization. The second list, therefore, shows the percentage of pasteurized milk sold in a community which also permits the sale of raw milk.

Although semiannual publication of the list is intended to encourage communities operating under the recommended ordinance to attain and maintain a high level of enforcement of its provisions, no comparison is intended with communities operating under other milk ordinances. Some communities might be deserving of inclusion, but they cannot be listed because no arrangements have been made for determination of their ratings by the State milk sanitation authority concerned. In other cases, the ratings which were submitted have lapsed because they are more than 2 years old. Still other communities, some of which may have high-grade milk supplies, have indicated no desire for rating or inclusion on this list.

The rules for inclusion of a community on the honor roll are:

1. All ratings must be determined by the State milk sanitation authority in accordance with the Public Health Service rating method, which is based upon the grade A pasteurized milk and the grade A raw milk requirements of the Public Health Service recommended milk ordinance.

2. No community will be included on the list unless both its pasteurized milk and its retail raw milk ratings are 90 percent or more.

Communities in which only raw milk is sold will be included if the retail raw milk rating is 90 percent or more.

3. The rating used will be the latest submitted to the Public Health Service, but no rating will be used which is more than 2 years old. (In order to promote continuous rigid enforcement rather than occasional "cleanup campaigns," it is suggested that, when the rating of a community on the list falls below 90 percent, no resurvey be made for at least 6 months. This will result in the removal of the community from the subsequent semiannual list.)

4. No community will be included on the list whose milk supply is not under an established program of official routine inspection and laboratory control provided by itself, the county, a milk-control district, or the State. (In the absence of such an official program, there can be no assurance that only milk from sources rating 90 percent or more will be used continuously.)

5. The Public Health Service will make occasional check surveys of cities for which ratings of 90 percent or more have been reported by the State. (If the check rating is less than 90 percent, but not less than 85, the city will be removed from the 90 percent list after 6 months unless a resurvey submitted by the State during this probationary period shows a rating of 90 percent or more. If the check rating is less than 85 percent, the city will be removed from the list immediately. If the check rating is 90 percent or more, the city will be retained on the list for 2 years from the date of the check survey, unless a subsequent rating during this period warrants its removal.)

Communities awarded milk sanitation ratings of 90 percent or more, July 1964-June 1966

100 PERCENT OF MARKET MILK PASTEURIZED

Community	Date of rating	Community	Date of rating	Community	Date of rating
<i>Alabama</i>		<i>Kentucky—Continued</i>		<i>North Carolina—Continued</i>	
Montgomery.....	11-19-64	Louisville-Jefferson County.....	3-29-65	Carteret County.....	6- 3-65
<i>Arizona</i>		Mayfield-Graves County.....	4-12-65	Chowan County.....	7-14-65
Pima County.....	3-10-66	Maysville-Mason County.....	12-13-65	Cleveland County.....	11-19-65
<i>Colorado</i>		McCracken County.....	4-13-65	Craven County.....	12-17-65
Boulder County.....	12- 8-64	Monticello-Wayne County.....	7-12-65	Cumberland County.....	1- 6-65
Delta-Montrose Counties.....	3-12-65	Morehead-Rowan County.....	7-19-65	Currituck County.....	8- 7-64
Denver.....	11- 5-64	Murray-Calloway County.....	4-26-65	Dare County.....	4- 7-65
El Paso County.....	9-17-64	Newport-Campbell County.....	12- 6-65	Davidson County.....	3- 8-66
Mesa County.....	2-18-65	Owensboro-Daviess County.....	9-13-65	Durham County.....	2-11-66
Northeast District.....	10- 1-64	Richmond-Madison County.....	10-19-64	Edgecombe County.....	3-11-66
Logan County.....		Russellville-Logan County.....	3- 1-65	Forsyth County.....	2-17-65
Morgan County.....		Somerset-Pulaski County.....	10- 4-65	Gaston County.....	5- 6-65
Phillips County.....		Stanton-Powell County.....	7-23-65	Guilford County.....	9-28-65
Sedgwick County.....		Williamsburg.....	7- 2-64	Harnett County.....	3- 3-66
Yuma County.....				Haywood County.....	4-15-66
Pueblo-Pueblo County.....	3-24-65	<i>Mississippi</i>		Hoke County.....	10-22-65
San Juan Basin.....	7-15-65	Brookhaven.....	8-10-65	Iredell County.....	5-26-65
Archuleta County.....		Canton.....	4- 7-66	Jackson County.....	10-21-65
Dolores County.....		Cleveland.....	5-12-66	Johnston County.....	6-22-65
La Plata County.....		Columbia.....	11-23-64	Lenoir County.....	10- 8-65
Weld County.....	10-23-64	Greenville.....	5-13-66	Macon County.....	10-21-65
<i>District of Columbia</i>		Greenwood.....	1-25-66	Madison County.....	1-28-65
Washington.....	8-26-65	Grenada.....	8-16-65	Martin County.....	5- 5-65
<i>Georgia</i>		Hattiesburg.....	8-17-65	Mecklenburg County.....	12-14-65
Albany.....	3-11-66	Jackson.....	1-12-65	Mitchell County.....	4-16-65
Athens-Clarke County.....	7-16-65	Kosciusko.....	10-14-65	Montgomery County.....	3-12-65
Atlanta-Fulton County.....	11-23-65	Laurel.....	2-18-65	Moore County.....	6- 4-65
Augusta.....	4- 2-65	Lucedale.....	2-17-65	Nash County.....	8- 5-64
Bainbridge.....	5-24-66	McComb.....	4-13-65	New Hanover County.....	12-15-64
Cairo.....	12- 3-64	Meadville.....	8-25-65	Northampton County.....	6- 2-65
Calhoun.....	9-22-65	Meridian.....	4-14-65	Onslow County.....	4-20-66
Columbus.....	12- 3-65	New Albany.....	2-15-66	Pamlico County.....	4-19-66
Dalton-Whitfield County.....	4-13-65	Oxford.....	11-24-65	Pasquotank County.....	7-14-65
Douglas.....	3- 3-65	Picayune.....	4-14-66	Pender County.....	6-30-65
Fitzgerald.....	7-30-65	Starkville.....	9- 8-65	Perquimans County.....	7-14-65
Macon.....	10- 8-65	Tupelo.....	7-15-64	Pitt County.....	5- 3-65
Newnan.....	12-14-65	Vicksburg.....	11-30-65	Richmond County.....	5-20-65
Quitman.....	1- 7-66	West Point.....	3-14-66	Robeson County.....	2-17-65
Rome-Floyd County.....	3- 3-66			Rockingham County.....	4-18-66
Savannah.....	12-17-65	<i>Missouri</i>		Rocky Mount.....	11- 5-64
Statesboro.....	12- 8-65	Kansas City.....	7-20-64	Rowan County.....	8-31-65
Thomasville.....	1-20-66	St. Louis.....	6-10-65	Sampson County.....	9-24-65
Valdosta.....	5-15-65	Springfield.....	9-15-64	Scotland County.....	2-18-65
Washington.....	2-11-66			Stanly County.....	2-17-66
Waycross.....	11- 5-65	<i>New Mexico</i>		Stokes County.....	6-10-65
<i>Kentucky</i>		Albuquerque.....	10-21-65	Swain County.....	10-21-65
Ashland-Boyd County.....	8- 2-65	Artesia.....	11-30-65	Transylvania County.....	8-24-65
Bowling Green-Warren County.....	11-29-65	Carlsbad.....	11-30-65	Tyrrell County.....	4- 8-65
Boyle County.....	4-12-65	Clovis.....	11- 4-65	Union County.....	10-19-65
Brandenburg.....	11-19-64	San Juan County.....	1-19-66	Vance County.....	10-12-65
Campbellsville-Taylor County.....	2-28-66			Wake County.....	2-11-66
Corbin.....	7- 2-64	<i>North Carolina</i>		Warren County.....	5-19-65
Covington-Kenton County.....	10-18-65	Alleghany County.....	1-12-65	Washington County.....	4- 8-65
Fulton-Fulton County.....	10-26-64	Anson County.....	1-12-65	Watauga County.....	1-12-65
Glasgow-Barren County.....	11-22-65	Ashe County.....	1-12-65	Wayne County.....	2-11-65
Harlan.....	12-13-65	Avery County.....	1-11-65	Wilkes County.....	12- 9-65
Harrodsburg-Mercer County.....	10- 7-65	Beaufort County.....	5-20-66	Wilson County.....	2-25-66
Henderson-Henderson County.....	11-29-65	Bertie County.....	5- 5-65	Yancey County.....	4-16-65
Hopkinsville-Christian County.....	4-26-65	Bladen County.....	10-19-65		
Lebanon-Marion County.....	11- 1-65	Brunswick County.....	3- 3-65	<i>Oklahoma</i>	
Lexington-Fayette County.....	11-15-65	Buncombe County.....	3-17-65	Ardmore.....	6-18-65
		Burke County.....	3-16-66	Elk City.....	3-30-66
		Cabarrus County.....	7-23-65	Enid.....	5- 4-66
		Caldwell County.....	6- 7-65	Lawton.....	11-29-65
		Camden County.....	7-14-65	Mangum.....	10-26-65
				Muskogee.....	11-12-65

100 PERCENT OF MARKET MILK PASTEURIZED

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PUBLICATION ANNOUNCEMENTS

Address inquiries to publishers or sponsoring agency.

New Drugs. 1966; 584 pages; \$4. American Medical Association, Council on Drugs, 535 N. Dearborn St., Chicago, Ill. 60610.

Procedures and Layout for the Infant Formula Room. 1965 ed. 40 pages; \$1.50. American Hospital Association, 840 North Lake Shore Drive, Chicago, Ill. 60611.

Research in Public Health Administration. Selected recent abstracts IV. 1966; 60 pages; 1st copy free, additional copies 50 cents. The Johns Hopkins University School of Hygiene and Public Health, Department of Public Health Administration, 615 N. Wolfe St., Baltimore, Md. 21205.

Blood—New Uses for Saving Lives. Public Affairs Pamphlet No. 377. By Michael H. K. Irwin, M.D., M.P.H. 1966; 28 pages; 25 cents. Public Affairs Pamphlets, 381 Park Ave. South, New York 10016.

Mental Health Jobs Today and Tomorrow. Public Affairs Pamphlet No. 384. By Elizabeth Ogg. 1966; 28 pages; 25 cents. Public Affairs Pamphlets, 381 Park Ave. South, New York 10016.

Medicare—Benefits and Gaps and Social Security—Your Rights. By Sidney Margolius. Public Affairs Pamphlet No. 389. 1966; 28 pages; 25 cents. Public Affairs Pamphlets, 381 Park Ave. South, New York 10016.

Laws Governing Hospitalization of the Mentally Ill. GAP Report No. 61. May 1966; 30 pages; 50 cents. Group for the Advancement of Psychiatry, Inc., 104 East 25th St., New York 10010.

Fatal Farm Accidents, Wisconsin, 1960–1964. 1966; 17 pages. State Board of Health, P.O. Box 309, Madison, Wis. 53701.

Hospital Policy Decisions: Process and action. By Arthur B. Moss, Wayne G. Broehl, Robert H. Guest, and John W. Hennessey, Jr. 1966; 332 pages; \$8.50. G. P. Putman's Sons, 200 Madison Ave., New York City.

Essentials for Patients' Libraries. A guide. 1966; 103 pages; \$2.50. United Hospital Fund, 3 East 54th St., New York 10022.

Closing the Gaps in the Availability and Accessibility of Health Services. 1965 health conference. 1965; 218 pages; \$2. New York Academy of Medicine, 2 East 103d St., New York 10029.

Seat Belt Utilization. Automotive Crash Injury Research Bulletin No. 8. By Arthur Stern. 1966; 7 pages. Cornell Aeronautical Laboratory, Inc., P.O. Box 235, Buffalo, N.Y. 14221.

Your Medical Check-up. How to know when you need it and how to get the most out of it. By Cyril Solomon, M.D., F.C.A.P. May 1966; 90 pages; \$1. Pocket Books, Inc., 630 Fifth Ave., New York City, 10020.

Driver and His Right Front Passenger in Automobile Accidents. Automotive Crash Injury Research Cal Report No. VJ-1823-R16. By Jaakko K. Kihlberg. 1965; 34 pages. Cornell Aeronautical Laboratory, Inc. of Cornell University, P.O. Box 235, Buffalo, N.Y. 14221.

Head Injury in Automobile Accidents. Automotive Crash Injury Research Cal No. VJ-1823-R17. By Jaakko K. Kihlberg. 1965; 39 pages. Cornell Aeronautical Laboratory, Inc. of Cornell University, P.O. Box 235, Buffalo, N.Y. 14221.

A Computer Simulation of the Automobile Crash Victim—Comparison of the Results Obtained with Different Integration Routines, Time In-

crement Sizes, and Joint Friction Lags. Automotive Crash Injury Research Cal No. VJ-1823-R18. March 1966; 19 pages. Cornell Aeronautical Laboratory, Inc. of Cornell University, Buffalo, N.Y. 14221.

Removal of Phosphorus from Municipal Sewage Plant Effluents. Report of a study sponsored by the Phosphate Research Committee Soap and Detergents Association. By John B. Nesbitt. 1966; 54 pages; \$2. Pennsylvania State University, University Park.

World Health Organization

WHO publications may be obtained from the Columbia University Press, International Documents Service, 2960 Broadway, New York 10027.

Fourth WHO Scientific Group on Trachoma Research. Report. WHO Technical Report Series No. 330. 1966; 24 pages; 60 cents; Geneva.

The Midwife in Maternity Care. Report of a WHO Expert Committee. WHO Technical Report Series No. 331. 1966; 20 pages; 60 cents; Geneva.

Basic and Clinical Aspects of Intra-Uterine Devices. Report of a WHO Scientific Group. WHO Technical Report Series No. 332. 1966; 25 pages; 60 cents; Geneva.

Chemistry and Physiology of the Gametes. Report of a WHO Scientific Group. WHO Technical Report Series No. 333. 1966; 23 pages; 60 cents; Geneva.

International Digest of Health Legislation. 1965; 812 pages; \$2.75; Geneva.

Epidemiological and Vital Statistics. 1965; 76 pages; \$2; Geneva.

World Health Statistics Annual, 1962. Infectious diseases: cases, deaths and vaccinations. Vol. II. 1965; 231 pages; \$5.25; Geneva.



Fire Prevention in Hospitals. *PHS Publication No. 930-D-21; 1966; by Julian Smariga; reprint from The Modern Hospital, July 1965; 5 pages; 10 cents.* Discusses five steps in planning for fire safety and emphasizes the application of the basic principles of fire safety in the design, construction, operation, and maintenance of hospitals. Includes information on the origin and causes of hospital fires, hospital fire injuries, and types of fire extinguishers.

Chickenpox. *PHS Publication No. 173, Health Information Series No. 38; revised 1966; leaflet; 5 cents, \$2 per 100.* Describes the disease, its cause, transmission, symptoms, and recommends consulting a physician. Alerts readers to risk of exposing young or weak children or susceptible persons who are receiving corticosteroids to infection.

Management of Chronic Obstructive Lung Diseases. Conclusions of the Eighth Aspen Emphysema Conference. *PHS Publication No. 1457; May 1966; edited by Thomas L. Petty; 66 pages; 30 cents.* This résumé of the annual conference on emphysema held in Aspen, Colo., in June 1965, contains sections on definitions, respiratory failure, right heart failure and pulmonary hypertension, antibiotics and infections, home and clinic care, pharmacologic agents, and surgery.

Directory of State and Territorial Health Authorities. *PHS Publication No. 75; revised 1966; 106 pages; 45 cents.* Lists health department personnel of each State and territory to reflect the organizational pattern of the department. Also lists State and territorial health officers, giving title, headquarters address, area

code, and telephone number of each health department. Gives similar information for State agencies other than health departments administering grant programs of the Public Health Service and the crippled children's grant program of the Children's Bureau.

Arthritis Source Book. *PHS Publication No. 1431; April 1966; 73 pages; 50 cents.* Presents information which should be of special value and assistance to all persons and organizations interested in the prevention and control of the disabling effects of arthritis. Includes data on the prevalence of arthritis, the disability it causes, its impact on housewives and persons who work outside the home, its relationship to socioeconomic class, costs to the nation and to the individual, and its effect on longevity. Also includes information about the distribution of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, and gout in the United States and other countries.

Medical Rehabilitation: A new program activity of the U.S. Public Health Service. *PHS Publication No. 1492; June 1966; leaflet.* Presents a brief outline of the medical rehabilitation program's objectives, philosophy, and general areas of interest.

Estimating the Cost of Illness. *PHS Publication No. 947-6, Health Economics Series No. 6; 1966; 131 pages; \$1.* Presents, in three parts, a framework for calculating the economic costs of illness, disability, and death. Part I discusses the problems involved in measuring annual direct costs of illness, describes the procedures adopted, and presents

data for selected types of health expenditures in 1963 by diagnosis. Part II deals with annual indirect losses associated with illness, disability, and death. Includes economic concepts, estimating procedures and estimates of total man-years lost, and productivity losses resulting from morbidity and mortality in 1963 for each diagnostic category. Part III presents the methodology and resulting estimates of the present value of future earnings for persons who died in 1963. Appendix A lists major diagnostic categories used and the selected subclassifications within each major category. Appendix B presents calculations of the present value of lifetime earnings for each age and sex group.

Hill-Burton Program, 1946-1966: Two decades of partnership for better patient care. *PHS Publication No. 930-F-8; August 1966; 52 pages; 45 cents.* Presents highlights of the Hill-Burton program in historical perspective, commemorating the 20th anniversary of this hospital and health facility construction program.

Two Decades of Partnership: Hill-Burton program, 1946-1966. *PHS Publication No. 930-F-9; August 1966; 16 pages; 15 cents.* Presents the salient features of the Hill-Burton program of hospital and health facility construction program, marking its 20th anniversary.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington D.C., 20402. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington, D.C., 20201.

The Public Health Service does not supply publications other than its own.

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MINKIN, JOSEPH L. (U.S. Department of the Interior), and **KELLERMAN, ANNE S.:** *A bacteriological method of estimating effectiveness of UV germicidal lamps. Public Health Reports, Vol. 81, October 1966, pp. 875-884.*

A need for a dependable method of measuring the effectiveness of ultra-violet germicidal lamps led to the development of a standardized bacteriological method. The method uses recognized laboratory techniques and equipment that is readily available in a bacteriological laboratory.

In trials with the bacteriological method, coliform colonies were inhibited almost 100 percent by 5,000 microwatt-seconds of UV radiation. A standard plate count on an unexposed plate and the count on an exposed plate showed reduction due to the UV radiation. The reduction result, distance, time of exposure, lamp's initial rating, and 5,000 microwatt-seconds of UV radiation were used in a simple formula to obtain the

lamp's rating. Consideration of replacement can be based on this rating. In evaluating reflector UV installations with the bacteriological method, measurement complications were eliminated because the method measures overall effectiveness.

Results of trials showed that the bacteriological method compared within 95 percent of meter measuring methods. The proposed method can be used in situations where meters cannot be used, when meters are not available, as a training aid, and as a supplement to meter measurements. Data obtained in the study indicated that the method is within the range of accuracy, precision, and coefficients of variation of eight meters that were used in the trials.

PETERSON, DONALD R. (Seattle-King County Department of Public Health), **ANDERSON, HERBERT W.,** and **DETELS, ROGER:** *Three outbreaks of foodborne disease with dual etiology. Public Health Reports, Vol. 81, October 1966, pp. 899-904.*

In December 1965, three consecutive outbreaks of foodborne disease were traced to three banquets held at a single restaurant in Seattle, Wash. The investigation of these outbreaks was conducted in two phases. The outbreak after the last banquet was investigated first; then 3 weeks later the total outbreaks after the three banquets were investigated.

Information was obtainable, by telephone interview, from 345 of the 375 persons attending the banquets. The attack rate after the three banquets combined was approximately 40 percent; 140 persons were ill. Illness frequency increased after each successive banquet. The attack rate after the first banquet was 23 percent and after the third banquet, 69 percent. Two persons were hospitalized with severe illness. An estimated 506 person-days of illness, or between 3 and 4 days for each person, resulted from the epidemic.

Both *Clostridium perfringens* and *Salmonella typhimurium* were implicated as agents of infection in the three outbreaks. The vehicle of infection was inadequately cooked and stored turkey meat. Several unique epidemiologic features ascribed to both dual etiology and temporal sequence of exposure were noted. The mean incubation period was intermediate between that typical of infection with either agent alone. The distribution pattern for duration of illness was dissimilar to that usual with infection from either agent separately. Symptoms of abdominal pain, diarrhea, and headache were particularly persistent.

All five isolates of *C. perfringens* were heat-resistant, type A organisms. Eleven of twelve salmonellae isolates were *S. typhimurium*, phage type 2b. Double infection was confirmed bacteriologically in three patients. *C. perfringens* was isolated 6 days after the onset of illness in one instance and 7 days after in another.

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O'SULLIVAN, JOHN B. (Public Health Service), and McDONALD, GLEN W.: *Decisive factors in designing the Sudbury study of chronic disease. Public Health Reports, Vol. 81, October 1966, pp. 891-897.*

Biological and technical variability have been outlined as sources of often unrecognized variation in the results of epidemiologic studies of chronic disease. Intra-individual fluctuations of biochemical measurements frequently give rise to bias when suspect persons are subjected to confirmatory retesting. This liability, combined with observer variation, also results in cumulative prevalence figures being related directly to the frequency of testing. Epidemiologic studies must quantitate these variations if acceptable prevalence and incidence figures are to be obtained while new information on the natural history of the disease is concurrently documented. Technical error is a more readily recognizable source of variation, but it is often measured inadequately.

The design of a study of diabetes, arthritis, and gout in Sudbury, Mass., is

used to illustrate some of the ways that such problems can be handled. These methods consist of (a) the use of compensating measures such as the application of diagnostic tests to a preselected random sample of the population in addition to those who screened positive or suspect on initial testing, (b) the adoption of quality control procedures allowing measurement of the technical variations with respect to both accuracy and reproducibility over the time period of the study, and (c) the retesting of a random sample of persons after a short interval in order to gauge biological variability. Reexamination over longer intervals will provide annual incidence rates. The later development of overt disease will allow validation of initial diagnostic criteria and assessment of the degree to which fluctuating biochemical values affect interpretations.

EARNEST, MICHAEL (Cornell University Medical College), BERNAL, RAUL, GREENBAUM, STANLEY, LOGIO, THOMAS, POLLARD, ZANE, WEISZ, DANIEL, and McCARROLL, JAMES: *Emergency clinic visits for asthma. Public Health Reports, Vol. 81, October 1966, pp. 911-918.*

Visits for asthma to the emergency rooms of three New York City hospitals in September, October, and November 1957 and 1962 have been reviewed and summarized. Between the 2 years a large increase occurred in the absolute number and percentage of visits for asthma to each emergency room. The two Manhattan-located hospitals, Harlem and Metropolitan, showed in each year a significantly higher percentage of visits for asthma than occurred among a comparable racial-ethnic group at the Kings County Hospital in Brooklyn. In addition, among the racial-ethnic groups at Kings County Hospital the Puerto Rican group showed the highest percentage of visits for asthma, the non-Spanish-speaking white group the least, and the

Negro group the intermediate.

The increase between 1957 and 1962, as well as the interhospital and inter-group differences, could only be partially accounted for by an excess number of visits per asthma patient during a given year or among the patients of a particular hospital or group. The study group concluded that significant differences occurred among the numbers of patients with asthma in the different years, hospitals, and groups. The implication is that the incidence or severity, or both, of asthma increased between the years and among the hospitals and groups showing more visits for asthma. However, other possible significant factors explaining the observed differences could not be excluded.

EISNER, VICTOR (University of California School of Public Health): *Effect of parents in the home on juvenile delinquency. Public Health Reports, Vol. 81, October 1966, pp. 905-910.*

Juvenile court delinquency records for San Francisco in 1960 were studied to determine the effect of the number of parents in a juvenile's home on delinquency rates. Population estimates derived from census data were used to compute age-adjusted delinquency rates for juveniles with two parents in the home and for juveniles living with one or no parent.

White juveniles who lived with two parents had lower delinquency rates than those with other living arrangements. These results are independent of age, sex, area of the city, and probably of economic

level. Nonwhite males in the lowest economic quartile of the city showed the opposite pattern. Negro (but not Chinese) juveniles showed higher rates when two parents were in the home than when one or both were absent.

These observations suggest the hypothesis that absence of a parent is independently associated with high juvenile delinquency only in a subculture where the norm is a nuclear family. Further investigation is needed in subcultures with other norms of family structure.

BROWN, WILLIAM M., Jr. (Los Angeles County Health Department), **COWPER, HERBERT H.**, and **HODGMAN, JOAN E.**: *Gonococcal ophthalmia among newborn infants at Los Angeles County General Hospital, 1957-63. Public Health Reports, Vol. 81, October 1966, pp. 926-928.*

Twenty-three cases of gonococcal ophthalmia neonatorum occurred among 62,752 infants born alive between July 1, 1957, and June 30, 1963, at unit I, Los Angeles County General Hospital. Before leaving the delivery room, each infant was given either 1 percent silver nitrate or 1 percent tetracycline ophthalmic ointment prophylaxis. There was no significant increase in infections during the period tetracycline ointment was used as a prophylactic agent.

In six cases two or more cultures were

necessary to establish a definitive bacteriological diagnosis.

Nineteen of the infected infants were premature. The apparent susceptibility of premature babies to ophthalmia neonatorum may be skewed because they are kept at the hospital from 7 to 110 days; full-term babies usually leave the hospital within 2 days. Symptoms not evident in the nursery may develop at home.

Penicillin, administered parenterally, is the drug of choice in treatment of gonococcal ophthalmia neonatorum.

GREENLICK, MERWYN R. (Kaiser Foundation Hospital, Portland, Oreg.), and **SAWARD, ERNEST W.**: *Impact of a reduced-charge drug benefit in a prepaid group practice plan. Public Health Reports, Vol. 81, October 1966, pp. 938-940.*

The Oregon region, Kaiser Foundation Health Plan, began a reduced-charge out-of-hospital drug benefit on October 1, 1962. Its pharmacies began pricing prescriptions at Blue Book cost plus 60 cents, with a minimum price of \$1.25. Prices were reduced further to Blue Book cost plus 30 cents, with the same minimum, on July 1, 1963.

In 1961 the average cost of each prescription was \$2.04, the mean price was \$3.69, and the gross return was \$1.65, or 44.7 percent. If the same pricing formula had been applied to the 1964 mean drug cost of \$2.39 per prescription, the selling price would have been \$4.32. Under the new pricing system, however,

the price averaged \$2.97, a reduction of \$1.35 or 31.3 percent per prescription.

Drug costs to members were reduced in a manner which did not greatly change any form of medical care use. Prescriptions per physicians' office visit dispensed in plan pharmacies increased 39.1 percent between 1961 and 1964. The number of physicians' office visits per year increased from 3.101 to 3.149 per member, and the number of prescriptions dispensed per member per year increased from 1.312 to 1.852. Reduction in revenue to the plan was approximately 9.1 cents per member per month, from 18 cents to 8.9 cents, a total of more than \$75,000.

WELLNER, ALFRED M. (Maryland Department of Mental Hygiene), **HUNGERFORD, DEAN**, and **ANDERSON, DUDLEY**: *Opinions of Maryland State Police officers on traffic accident causes and prevention. Public Health Reports, Vol. 81, October 1966, pp. 919-925.*

The opinions and attitudes of State Police officers in Maryland on traffic accident causation and prevention were elicited by a questionnaire. Three hundred and seventy officers, representing nearly two-thirds of the State Police force in the study group, responded to the survey.

A major finding of this study is the great emphasis placed by the police officers on human-error factors, in comparison with road or vehicle factors, in traffic accident causation. Speed, alcohol, inattention, and failure to yield the right of way were mentioned most frequently as causes. Human errors were reported to be the primary cause of accidents, and public apathy was reported as the major reason for apparent inability to effect a sound safety program. Personality and attitudinal factors were emphasized more than sensory-motor or physical variables.

A second major finding is the serious

concern expressed for the existing magistrate and court system and the enforcement of traffic laws. The suggestions by the officers of heavier penalties and stricter enforcement were closely linked to comments concerning the magistrate system.

The need for driver education and public traffic safety education programs was strongly emphasized. References to education focused on the development of driving skills and safe driving habits through a program of driver training, the mobilization of public support for programs designed to improve traffic safety, and the development of attitudes reflecting a sense of responsibility for personally driving in a safe manner.

The officers were generally pessimistic about the possibility of a significant reduction in traffic accidents. Most of the officers believed that the public remains relatively apathetic despite the great annual toll of deaths and injuries.

PARKER, R. L. (Public Health Service), and **SIKES, R. K.**: *Development of rabies inhibiting substance in skunks infected with rabies virus. Public Health Reports, Vol. 81, October 1966, pp. 941-944.*

A study was designed to ascertain the time when rabies inhibiting substance (RIS) developed in relation to the clinical course of rabies in 16 skunks, the relationship of RIS to serum neutralization (SN) antibody, and the effect of RIS on the amount of virus that could be recovered from certain tissues.

Saliva samples collected from three skunks during the clinical course of the disease contained appreciable amounts of rabies virus; however, at necropsy virus could not be isolated from the salivary glands of two of these animals and only a trace was isolated from the salivary gland of the third. SN antibodies were demonstrated in all the skunks in which RIS was demonstrated, confirming an

earlier observation. Therefore, a relationship apparently exists between the presence of RIS in tissues and SN antibody.

Less virus was recovered when SN antibody was present, and even less virus was present when both RIS and SN antibodies were present. This may result in failure to isolate rabies virus by mouse inoculation, although fluorescent antibody staining reveals the presence of rabies antigen in the tissues. Since RIS seems to develop late in the clinical course of the disease, it is possible that an animal might be capable of transmitting the virus during the furious stage of the disease even though virus could not be isolated from tissues after death.